



WASHINGTON STATE
EARLY LEARNING
COORDINATION PLAN

**A SHARED
VISION**



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WELCOME FROM THE STEERING COMMITTEE

This Early Learning Coordination Plan (which will be referred to as “the Coordination Plan” for the rest of the document) was brought to life by thousands of people from groups and communities across Washington state. From the beginning, the steering committee has been at the core of it all. Here, some of their voices welcome you to this exciting collaboration.

“ I would like all of our families in this state to feel like they are represented and that there were people that were advocating for them. I want them to find services that meet the needs of their family in a culturally relevant way. I would want families to experience a “warm fuzzy” when they are seeking services. ”

—Sheryl Fryberg, Tulalip Grandmother, Director of Betty J. Taylor Early Learning Academy, Advocate for Tribal Rights and Race Equity

“ The process that created this plan asked for all voices to share, contribute, and most of all, to listen. We learned from each other at every turn. We grew in purpose and commitment together. We were scared, timid, brave, angry, and loving. We felt the importance of this critical work. ”

—Susan Anderson-Newham, Early Learning Supervising Librarian, Pierce County Library System

“ From the very first meeting I felt the difference in the room! We were engaged in co-creating goals that began by centering people—children, families, and workforce—and using the first-hand knowledge and experience from community members. It’s been liberating to work in a way that honors community members and their lived experience and is not dictated by far-removed bureaucracies! ”

—Sandy Maldonado, Director, Child Care Aware of WA/Child Care Provider Advocate

“ I hope that people have an easier experience accessing and navigating our early childhood systems. I want families and providers to have what they need to support the children of Washington state. ”

—Susan Barbeau, Executive Director, First 5 FUNdamentals

“ I want all people to feel a sense of safety, belonging and trust in and with our early learning programs so no one feels as if there is nothing out there for them or their families or communities. ”

—Ninder Gill, full-time, tenured faculty, North Seattle College



A CALL TO ACTION

We want people to feel this...

Feel this in their minds, bodies, and souls. Feel and experience a tectonic shift in how we want to operate. How we want to be in community with one another. How we want to work not for the retention of the power that comes with our job titles but for the humanity of those who interact with any system, provider, or agency of our state. Too many lives have been lost and too many lives are currently at stake for us to not co-construct and create a plan that places people’s liberation at the forefront of our work.

An integral component of this plan and movement towards dismantling systems of oppression requires us having a complete picture of your lived experiences and what you need in order to thrive. There is no success without your voice. No effective plan without your ideas. No amount of data crunching that can paint the picture of what justice looks like—for Black, Indigenous, and People of Color; in-home providers; multilingual learners; neurodiverse children; families experiencing homelessness; food-insecure households; those with various visible and invisible abilities and more— without your knowledge, love, and grace.

If we as a state cannot see the whole child in everything that we do, then how can we uplift them? How can we support them? How can we love them? This message isn’t just a call to action. This is an invitation for change. Join us in not just saying we believe in this work, but in this paradigm shift of our state.

—Mike Browne (he/him), Sr. Director of Community Engagement,
Cultivate Learning at the University of Washington

VISION

Washington state is a place where each child starts life with a solid foundation for success based on strong families, culturally relevant early learning practices, services, and supports that lead to racial equity and the well-being of all children and families.

MISSION

The Coordination Plan should strengthen the ability of Washington state’s parents, caregivers, early learning professionals, community partners, Tribal Nations, state agencies, and policy makers to:

- foster healthy development and school readiness among Washington state’s youngest children (from prenatal to age eight);
- support the families of young children;
- eliminate systemic racism and oppression from our early learning system; and
- elevate the providers and professionals who serve the state’s children and families.

VALUES

WE KEEP FAMILIES AND CHILDREN AT THE CORE OF ALL WE DO

We affirm the importance of nurturing the whole child— social-emotional, cognitive, and physical development; cultural, racial, gender identity; belief system, etc.— and invest in their relationships to community, family, and self-identity. We honor the diversity and strengths of children and families, and affirm the resilience that they bring. Families have an opportunity to share what is needed and co-design programs to meet those needs.

WE ARE CULTURALLY RESPONSIVE

All the work we do is responsive to and affirms the unique cultures and needs of children and families to cultivate positive experiences. This is reflected by our practices, services, and curricula, and the diversity of our early learning staff.

WE LEAD WITH RACIAL EQUITY

The early learning system incorporates a racial equity theory of change to ensure that “programs, policies and funding decisions are well-informed and prioritized in response to

VALUES (CONTINUED)

the experiences, perspectives, and needs of people of color.”¹ All partners create supports and services that correct for historical racism and historical trauma that has resulted in institutionalized racism that impacts children and families today.

WE COLLABORATE WITH COMMUNITIES

Communities have a strong influence and say in shaping the best outcomes for children and families at every level. We do this with the understanding that local communities, particularly those furthest from opportunity, are experts in understanding their unique needs and solutions. Early learning organizations and the communities they serve build trusting partnerships and co-create services and strategies. Communities throughout the state learn from one another about effective early learning practices.

WE ARE TRANSPARENT AND OPEN IN OUR COMMUNICATION

All partners in the early learning system are accountable to the children and families in Washington. Decisions and practices are accessible, visible, and expressed in a way that is understood by a diverse community.

WE USE ADAPTIVE AND FLEXIBLE PRACTICES

We are willing to take bold actions and to course correct when needed in response to complex equity challenges. Our work is based on research, scientific findings, and community-informed practices.

WE RELY ON DATA TO INFORM DECISIONS

We gather data from multiple sources, including stories from communities, in order to ensure that all children and families’ wisdom and needs, especially those furthest from opportunity, drive decision-making. We work with communities to create shared meaning and understanding about this information.

WE ARE COMMITTED TO QUALITY IMPROVEMENT

We maintain high quality early learning practices and services by analyzing outcomes for children and families disaggregated by race and ethnicity. We review current practices and make changes based on what we learn. Achieving high quality requires robust training and supports for all those who work with children and families.

COMMUNITY LEADERSHIP



This Coordination Plan is the result of a two-year process of collaborative, community-led co-design. Members of the community-based steering committee have always been the core of this effort: from defining the vision, mission, and values in the earliest days to their current work on an implementation plan, they have always been the project’s guides and champions.

This project included deep and broad exploration of early learning realities across Washington state. Because the term “needs assessment” is familiar throughout the early learning field, it will be used in this document. However, it is essential to note that this was carried out within a strengths-based framework. The approach placed high priority on seeking out and documenting not only needs and challenges, but also strengths and opportunities, as experienced—and voiced—by each community and group.

The information gathered in the needs assessment phase provided the data, both quantitative (numerical) and qualitative (story-based), that grounded the Coordination Plan’s goals and strategies. The ways in which thousands of people were involved in this outreach, and when they participated, are described on the following pages and in the appendix. The strength of community support for early learning, and the strength of leadership across the field, were clear throughout.

MILESTONES IN THE COMMUNITY CO-CREATION JOURNEY

Statewide Needs Assessment

- 2019**
 - 1. Steering Committee Identifies Vision, Mission, Values, and Outcome Areas
 - 2. Qualitative Data Gathered from Statewide Early Childhood Groups
 - 3. Qualitative Data Gathered from Regional Community Meetings
 - 4. Public Outreach—Online Survey #1
- 2020**
 - 5. Summary of Needs and Strengths

Co-Creation of Goals & Strategies

- 2020**
 - 6. Design Team Convenings
 - 7. Goals and Strategies Drafted Using Liberatory Design
- 2021**
 - 8. Public Outreach—Online Survey #2

Development of Plan Document

- 2021**
 - 9. Development of Early Learning Coordination Plan
 - 10. Development of Communications Plan
- 2022**
 - 11. Recommendations for Early Learning Coordination Plan Implementation

For more details regarding each phase of the co-creation process, please see the appendix.

A SHAPSHOT OF WASHINGTON STATE'S CHILDREN AND FAMILIES

Number of Children in Washington State, 2013–2017, by Race/Ethnicity¹

Number of children, by race/ethnicity	AGE		
	Birth–8 Years	Birth–5 Years	6–8 Years
American Indian Alaska Native (AI/AN)	10,352	6,835	3,517
Asian	53,175	34,572	18,603
Black African American	29,929	20,051	9,878
Hispanic/Latino	178,032	116,811	61,221
Multiracial	77,491	51,760	25,731
Native Hawaiian Pacific Islander (NH/PI)	6,122	3,550	2,572
White	457,270	301,444	155,826
Unknown	1,643	1,123	520
TOTAL	814,014	536,146	277,868

268,540 Washington state has 268,540 **infants and toddlers**, birth to 36 months of age.²

1/2 Nearly half of children 8 years of age or younger are **children of color**.³

35,000 More than 35,000 children 9 years of age or younger live in **rural communities**; just over 16,000 are younger than 5 years of age.⁴

1/3 More than one-third of all children 8 years of age and younger live in households with incomes at or below 200% of the **federal poverty level**.⁵

12% Twelve percent (12%) of children 5 years or younger have **special health care needs**.⁶

1 IN 15 In 2018-19, approximately 38,000 children under age 6, or 1 child in every 15, experienced homelessness (chronic or episodic) **in Washington**. In that same time period, almost half of the children in shelters **nationally** were younger than 6 years of age.^{7,8}

“ Historical systems of oppression work exactly the way they were designed by white dominant culture and continue to marginalize, exclude, and impose cultural norms on communities in our state. If we want different results, we can’t keep doing the same thing. ”

—Agency leader

OUTCOME AREA 1

POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM



FOUNDATIONS

POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM

What is the “early learning system?” It’s all of the parts of a large and interconnected constellation. It’s all of the pieces that enable families to care for their children, and communities to care for their families. The system is all of the people and organizations that play a role supporting children, parents, caregivers, and local community partners. This includes the diverse, skilled and deeply committed workforce that live and work in our communities. It also includes policy advocates, policy makers, funders, pediatricians, social workers, therapists, and staff at statewide, Tribal, regional, federal and local agencies and organizations, and many more.

The early learning system includes anyone impacted by early learning and everyone who cares about the success of our state’s children and families.

The early learning system must be committed to co-design, strong collaboration, and shared accountability among ALL partners. To intentionally eliminate longstanding inequities and improve outcomes for communities furthest from opportunity, system improvements must be centered on the lived experience of children, families and those who care for them.

One of the foundations for this coordination plan was the first statewide early learning plan completed in 2010. It identified the need to create and strengthen the underlying and interdependent system supports for all early learning activities. These system supports include things like providing ongoing financing for early learning services, improving the ability to use data to track progress and identify where strategies are succeeding or falling short, creating a network of early learning regional coalitions and partnerships across the state, strengthening the public’s understanding of the importance of early learning, and more. The work that has been accomplished on those strategies lays the foundation for the next generation of improvements, including:

FOUNDATIONS (CONTINUED)

- Increases in funding that have enabled early learning services to be provided to many more children and families.
- Engagement of Tribal Nations in the creation and implementation of the policies, funding decisions, program design, definitions, standards, metrics, and trainings that affect their children and families.
- An existing network of ten regional coalitions across the state, connected to one another through Washington Communities for Children (WCFC). This enables regional and countywide partners to focus on working together to support early childhood outcomes.
- Initial work to create a coordinated method for collecting, analyzing, and sharing early learning data to help track the state’s overall progress in early learning.



CHALLENGES

POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM

Creating powerful communities means listening to what communities know is working, what they know is standing in their way, and responding in partnership. This requires elevating those community voices by bringing them to the very center of the conversations, decisions, and actions affecting their children and families.

Communities must have a larger voice and greater role in creating a more responsive early learning system. At the same time, the early learning system must be able to continuously adapt to the changing strengths and needs of the unique communities across the state. The work to create a more responsive early learning system should be guided by answering several essential questions:

- How can a system this complex be organized without preventing it from being agile and community-led?
- What’s the glue that connects all of the pieces of this complex system?
- How can all of those involved in the early learning system be organized to accomplish this work?
- How can the work be done collaboratively, with communities in the lead?
- How can the next generation of leaders be identified and supported—people who will advocate for, and embody the diversity of, the children and families the system serves?

Creating a more responsive early learning system will require exceptional coordination among communities and between local and state partners. It will require sectors—including health care, early learning, K-12 education, higher education, housing, and others—to break down longstanding barriers and work together. The partners must weave together people, policies, funding decisions, programs, services, and supports into one strong, and cohesive, early learning system that can address the following challenges:

- Strengthen and support the work of the early learning coalitions at the regional and countywide level. They can improve the services offered, and increase advocacy for early learning at the local and state levels.
- Development of sustainable long-term funding for early learning and family support programs and services is essential for meeting the needs of children and families. This will require partnerships between the governor, Tribal Nations, local communities, advocates, the state legislature, and state agencies.

CHALLENGES (CONTINUED)

- Enhance public awareness efforts to deepen understanding, action, and support for early learning.
- Continue to improve licensing, regulations, and required professional qualifications that make it easier for providers to do their work and for parents to have certainty they are receiving high quality care.
- Collect, study and report data in partnership with communities in order to highlight successes, needs, and disproportionate outcomes for individual communities. Equity must be included in all program evaluations.
- Use statewide coordinating bodies to help state agencies and partners collaborate on policy, funding and program decisions, creating a unified approach for helping children and families get the services and supports they need.



“ I joined the parent panel for negotiated rulemaking for Washington state early learning programs. We did nearly two years of work on safe sleep. That was life-changing for me. I lost one of my daughters to SIDS so I’m passionate about safety. Using my voice and sharing it with others was part of my self-growth and healing. I’ve had so many opportunities—I presented Senator Patty Murray with an award, I became a Parent Ambassador, and I just accepted an invitation for a racial equity think tank. Not even five years ago, I was homeless with six kids and my daughter had just passed away. I never would have imagined where I am today. I advocate not only for myself but for other parents. I want them to know that if their needs aren’t met or if they are treated unfairly, they have a voice they can use.

—Parent

FAST FACTS

Estimated Need for Early Learning Programs and Services in Washington State

Program/service	Estimated need/eligibility	Estimated access/availability	Gap between need and access/availability
Licensed child care ¹	251,000 children	112,000 children	139,000 children
Early Childhood Education and Assistance Program/Head Start ²	42,797 children	21,869 slots	20,928 children
Early Head Start ³	81,572 children	4,097 slots	77,475 children
Early Support for Infants and Toddlers (ESIT) ⁴	No data available	17,658 children (cumulative annually)	No data available
Early Childhood Intervention and Prevention Services (ECLIPSE) ⁵	3,593 children in top 1% of risk	747 children	2,846 children
Family, friend and neighbor care ⁶	No data available	26,524 children	No data available

NOTE: The term “slots” is commonly used by funders and providers. It means that more than one child can be served in a year if a family moves or leaves a program or service.



FAST FACTS (CONTINUED)



Approximately 25% of Washington’s total population are **people of color**, while nearly 50% of children under age 8 are children of color.⁷



The lack of a single system to **integrate and manage data** limits the understanding of community needs and the effectiveness of services for children and families.¹¹



Parents, caregivers, early learning providers, advocates, and other professionals who work with children and families highlight the need for **strong, consistent financing** of the state’s early learning system.⁸



There are 10 Washington Communities for Children (WCFC) regions across Washington state, with **trusted relationships** with more than 600 partner organizations and individuals.¹²



Approximately 21% of all **COVID cases** in Washington state, reported since the beginning of the pandemic, were in children ages birth to 19.⁹



46% of all Washingtonians are **without internet access** or have very slow download speeds. This magnifies inequities in the early learning and K-12 education systems.¹³



Outreach participants emphasized the need for **increased coordination of services** across sectors, among state agencies, and among state and regional efforts.¹⁰

GOALS

POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM

Goal A Responsive to Communities of Color

The early learning system is responsive to Black, Indigenous and People of Color. Communities of color co-design policy, strategy development and implementation, resulting in programs and services that are accountable to those communities for outcomes.

Goal B Funding for Equitable Outcomes

Robust funding and policies exist to support equitable outcomes for children, parents, caregivers and families.

Goal C Pandemic Recovery

Provide assistance to families, programs, services and supports to help families overcome the economic impacts of the pandemic, retain the early learning workforce, and rebuild sustainable business practices.

Goal D Continuous Improvement

All early learning services and supports develop and embed continuous improvement mechanisms that allow for flexibility and change that benefits Black, Indigenous and People of Color and communities who have historically been and currently are underserved, and includes engagement of parents, caregivers and families in meaningful ways.

Goal E Community Voice and Partnerships

Local communities have power to articulate their needs, their assets, their hopes – and have an equitable partnership with, and ability to influence, the increasingly responsive statewide system of practices, policies and decisions.

Goal F System Infrastructure

Strengthen the foundational supports for the early learning system (i.e., data collection, financing, governance and coordinating structures, communication, facilities, etc.). Infrastructure will provide the resources for programs, services and supports to succeed.

STRATEGIES

POWERFUL COMMUNITIES AND A RESPONSIVE EARLY LEARNING SYSTEM

STRATEGY 1

SUPPORTS GOALS A & F

Implement a coordinated, **comprehensive data collection system** that is co-created with state and community partners, including work with Black, Indigenous and People of Color communities, that is available and accessible for planning and tracking progress.

STRATEGY 2

SUPPORTS GOAL F

Develop **holistic definitions** of “school readiness” and “life readiness” and a definition/agreement of what is included in the “early learning system.”

STRATEGY 3

SUPPORTS GOAL F

Develop **outcome metrics and a coordinated accountability structure** that will be used for the monitoring and evaluation of the Coordination Plan.

STRATEGY 4

SUPPORTS GOAL D

Create formal opportunities (that include families and leaders of color) to **co-design, co-develop and evaluate approaches to reduce racial disparities in early learning**. Communities of color co-design and co-develop programs that meet the needs in their communities.

STRATEGY 5

SUPPORTS GOAL C

Maximize the use of pandemic recovery resources. Provide supports in communities to meet critical needs of families, providers, and early learning programs.

STRATEGY 6

SUPPORTS GOAL C

Increase budget resources (local, state and federal) for early learning using an equitable allocation model. Increase the use of braided state and federal funds for early learning programs. Identify the need for rate increases across child care services and programs (including but not limited to subsidy rates).

STRATEGY 7

SUPPORTS GOALS A & E

Fund and support parent voice at all levels of decision making. Expand leadership pathways that include use of mentors and financial stipends for Black, Indigenous Parents of Color and communities who have historically been and are currently underserved.

STRATEGY 8

SUPPORTS GOAL E

Provide resources to support **regional planning and coordinating structures** across the state to ensure that every region has an equitable voice in making the early learning system responsive to families and providers in local communities, especially the most underserved communities.

STRATEGIES (CONTINUED)

OUTCOME AREA 1

OUTCOME AREA 2

OUTCOME AREA 3

OUTCOME AREA 4

OUTCOME AREA 5

STRATEGY
9

SUPPORTS GOALS A, D & E

Explore and refine the **implementation of quality initiatives**, evaluating how quality is measured, how compensation is tied to quality, how quality is experienced by children, families and providers. Assess the impacts of quality definitions and implementation of quality initiatives on Black, Indigenous and Communities of Color and underserved communities.

STRATEGY
10

SUPPORTS GOALS A & F

Engage parents and the workforce to develop or **update state regulations** that are guided by equity and anti-racism frameworks.

STRATEGY
11

SUPPORTS GOALS A, B, D & F

Eliminate the “digital divide” for children and families, making access to technology for Black, Indigenous and People of Color, and communities who have historically been and are currently underserved, more equitable.



“Parents are the first teachers. Kids need to know their culture and their history. The first 5 years are the most fundamental and they are going to learn the most. So instill those core values to have a sense of worth in the most precious times of a child’s learning and development. It’s important for them to know their true history, that they came from Kings and Queens.”

—Parent

OUTCOME AREA 2

STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES



FOUNDATIONS

STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES

Strong, resilient families provide children the love and care that sustains their growth and development, building foundations for bright futures. Families are best able to nurture their children's growth when their basic needs are met. This includes the need for a safe and secure environment; stable housing, food, clothing and transportation; educational and employment opportunities; access to responsive and affirming health care; and opportunities for nurturing relationships—with all tailored to support diverse families navigating challenging times.

Communities can also help families find the services and supports they need, where and when they need them. Several communities have put in place Help Me Grow, a resource and referral system tailored to support families with young children. These regional systems are designed to guide families through the complex web of services and connect them to appropriate community supports. Families can also use this resource and referral system to access state benefits and other statewide resources, giving them a fuller array of resources needed.

Washington state's early learning system is building a foundation based on supporting families – a foundation that celebrates and encourages each family's culture, language, beliefs, and dreams, and respects the many different ways that people come together as family. It also requires identification and elimination of policies and practices that create barriers to equity and inclusion. This work is being done based on the following:

- Many state agencies and programs supporting families use the research-based Strengthening Families framework. It's based on supporting family strengths, enriching child development, and reducing the likelihood of child abuse and neglect. By focusing on five universal family strengths, communities and service providers can better engage, support, and partner with parents to achieve the best outcomes for children.
- Some state programs have been designed to simultaneously support both children and the adults who care for them: this is called the “two-generation” approach. This approach is family-centered, provides supports and opportunities for the entire family unit, and engages families as the experts in identifying their needs, goals, and directions.
- The work of supporting children and helping families realize their dreams begins during pregnancy, when bonds between children and their families begin to form. State and local programs and services help expectant families identify what they need and what resources are available to support early health and development. Offerings in communities also connect families with others that are navigating the joys and challenges of parenting.

CHALLENGES

STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES

Families describe wanting to feel strong, stable, nurturing, safe, and supported. And yet the system they rely on often falls short. Many families cannot feel secure and resilient because their basic needs are not being met. They struggle to make ends meet and communities often lack resources to address needs across two generations, with national, state and local policies that perpetuate inequities. Too often programs are not responsive to the unique needs and preferences of families and fail to learn from families what will work for them. There are many foundations to build on, but some of those foundations also reveal how much work remains to solve the most pressing challenges.

Washington state's early learning system must address two longstanding and related threats to family well-being: toxic stress and poverty. Historically, both of these conditions have been experienced more often, and more deeply, by children and families who identify as Black, Indigenous, or People of Color.^{1,2} The burdens of poverty and stress have increased for many families and communities as a result of the pandemic, making it harder for adults to care for themselves and for their children. Community-driven solutions are needed to address high levels of stress that can affect parental and infant health. Families need supports to mitigate the deep challenges of large-scale crises such as pandemics, economic downturns, and natural disasters which can further amplify disparities across communities.

The pandemic is creating greater demand for services and resources, but many communities are not equipped to respond adequately. Overcoming these challenges will require coordination and teamwork among the statewide, regional, and community-level partners that support families. It must become easier for all families to access the right support, in the right place, at the right time. A statewide coordinated network of information, resources, and referrals that's easy for families to use is needed. This will help families address issues before they reach crisis stage, reducing stress and creating long-term stability and resilience.

The goals and strategies that follow reflect a commitment to address the challenges by building an adaptable early learning system based on the following principles:

- Establish a system-wide focus on child well-being **in the context of their family**, and family well-being **in the context of their community**.
- Celebrate and learn from the experiences and successes of families—including communities of color, Tribal Nations, and foreign-born families—and make opportunities for them to design and create the services and supports that work best for them.

CHALLENGES (CONTINUED)



- Offer programs, services, and supports that meet all families where they're at—providing them with what they need, when and where they need it. No Washington family, including those who are unhoused or in remote locations, should be isolated from support or face layers of hurdles to get the assistance they need.
- Encourage interactions and relationships with parents, families and caregivers that build upon their strengths and gifts.
- Ensure providers have the supports they need to expand the use of two-generational approaches.
- Continue to expand and emphasize prevention, partnerships, and the vital role of coordinated networks.

FAST FACTS

Family Stability Affects Children's Ability to Thrive



Young children who are in **stable housing** and whose parents have access to financial support are more likely to be healthy, to meet developmental milestones, and to be ready for kindergarten and successful in school.^{3,4}



FAST FACTS (CONTINUED)



26% of Washingtonians do not have the **resources to support their well-being**, including adequate food, safe and stable housing, or reliable transportation.⁵



During the pandemic, there has been a 260% increase in calls to the **Perinatal Support WA “warm line”** from parents. More families are looking for support for their emotional health during pregnancy and after birth.⁹



Indigenous, Black, and Brown Washingtonians experience much **higher rates of poverty** than the state average, as do young children and youth, women, people with disabilities, immigrants and refugees, LGBTQIA+, and rural populations.^{6,7}



Many pregnant women, new mothers, infants and children under five receive help meeting **their basic nutrition and health needs**. In 2021, 53,868 women and 142,536 infants/children participated in Washington state's Women, Infants, and Children (WIC) Nutrition Program. Almost **half of all babies** in Washington are on the WIC program.⁸

- It has been reported that the COVID pandemic strongly influences **behavioral health symptoms and behaviors** due to far-reaching medical, economic, social, and political consequences. Some of the behaviors experienced by children include the potential for school anxiety and refusal, behavioral regression or “acting out,” and trouble with social interactions and dynamics with both peers and adults.¹⁰

- For families with young children, there are **increased stressors** associated with uncertainties around continuity of education and the health of their children at school and child care. These stressors may significantly influence anxiety, stress, and unhealthy coping mechanisms for parents and caregivers.¹¹

GOALS

STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES

Goal A Parental Resilience

Parents are healthy, resilient and offered opportunities for healing-centered supports as needed. Families can meet the basic needs for their families, such as safety, housing, transportation, food, clothes, hygiene and employment. Supports are provided for all families, including single parent households, support for custodial and noncustodial parents, and LGBTQIA+ parents.

Goal B Access to Social Connections

All families thrive with access to community social connections that honor their unique shared experiences, culture and language.

Goal C Access to Resources

Families with young children are able to identify, connect, access and benefit from the services and supports they need. Outreach to families enables services to be proactive, family-centered, culturally responsive, strengths-based, interconnected, and provided in environments where families feel safe and supported.



STRATEGIES

STRONG, STABLE, NURTURING, SAFE, AND SUPPORTED FAMILIES

STRATEGY 1

SUPPORTS GOAL A

Meet **basic needs** of families, aligning with – and building on – the strategies identified by the **Poverty Reduction Work Group** (<https://dismantlepovertyinwa.com/>).

STRATEGY 2

SUPPORTS GOAL A

Support and **expand paid time off** for parents to provide flexibility for parents to support their family and children’s health across their ages and stages.

Increase opportunities for parents and families to get support and **build trusting personal connections** through expanding and promoting peer-to-peer support groups, in-person (or virtual) groups and informal/online/social media groups, and hiring community leaders to serve as family liaisons at the school or district levels to help navigate transitions and school protocols, mindful of the needs for particular communities (e.g., rural communities and communities where fewer resources exist, supports in different languages, responsiveness to different cultural norms).

STRATEGY 3

SUPPORTS GOAL B

Expand culturally sensitive **universal prenatal screening** for a broad spectrum of possible supports (safety, housing, economic, child development, mental health, etc.) with referrals and follow-up to meet family needs.

STRATEGY 4

SUPPORTS GOAL C

Expand **statewide information resources** to help parents and families connect with the services and supports they need, coordinate their care, and provide referral feedback opportunities, from prenatal to school entry.

STRATEGY 5

SUPPORTS GOAL C

Expand community-based family supports that provide culturally sensitive **navigation assistance** to help parents and families access needed services and supports, including outreach to communities who have been historically and are currently underserved.

STRATEGY 6

SUPPORTS GOAL C

Expand culturally responsive **supports for parents** – including home-based and community-based family education, two-generation approaches to build capacity and skills (supporting both adults and children in a household), expanding kindergarten teacher visits to the homes of children before beginning school to build relationships with family members and children, and respite care for parents of children with disabilities.

STRATEGY 7

SUPPORTS GOAL A



“ Having reliable child care is probably the hardest thing I have to deal with raising children. Not qualifying for child care stopped me from pursuing my career and retaining a job. ”

—Parent

OUTCOME AREA 3

POSITIVE
EARLY LEARNING
EXPERIENCES

“ At my daughter’s birth, I found myself wanting to be a good dad but I had no idea how. Having been raised half my life by an abusive mother and the other half around drug-using families, I had never been taught how to be a good parent. When my daughter was enrolled in ECEAP, I was hesitant to get involved, but I did. Staff saw the potential I had as a parent and embraced it. They helped me receive my GED, get my driver’s license, and set goals. For the first time, I started to think about my future. I don’t know where I would be in my life right now if it wasn’t for this program. ECEAP and Head Start are not just child care programs. They are family-oriented programs that strengthen families and help them to become better in their lives. ”

—Parent



FOUNDATIONS

POSITIVE EARLY LEARNING EXPERIENCES

Creating positive early learning experiences means being responsive to everything about a child’s healthy development, including their heritage, culture, language, ability, needs, parent preferences, and life experiences, including exposure to trauma. All children and their adult caregivers must feel heard, respected, and given opportunities to pursue their dreams. No child should be segregated by race, gender, ability, language, or background. Positive early learning experiences reflect and respond to the many ways children develop and grow, the many types of care desired by families, and the supports providers need to help children and their adult caregivers thrive.

Washington state’s early learning system is often called a “mixed delivery system.” This means it offers a variety of experiences in a variety of settings – formal, informal, home-based, setting-based – in a network of community locations, including child care centers, homes, schools, libraries, parks, faith-based organizations, museums, recreation centers, and community service centers. Those providing services and supports are as varied as the experiences offered, including early learning professionals; family, friends and neighbors; nurses and doctors; teachers; counselors and social workers; and many more.

Positive early learning experiences require extensive partnerships at the state, regional and local levels to coordinate the various types of care and support provided. For example, collaborative government-to-government relationships and agreements between Tribal Nations and state agencies have been created to support high-quality early learning in Tribal communities on or near reservations.

Washington state’s mixed delivery system has seen considerable growth in the past decade, increasing the variety and amount of early learning experiences available for children and families. Some of the foundations to build upon include the following:

- The Early Childhood Education and Assistance Program (ECEAP) is Washington’s pre-kindergarten program that prepares 3- and 4-year-old children from families furthest from opportunity for success in school and in life. ECEAP providers and local communities work with families to support the growth of healthy, resilient children by providing child-centered, individualized preschool education and health coordination services on a foundation of strengths-based family support. Further expansion of this program is anticipated.
- Early ECEAP provides full-day, full-year services for infants and toddlers, from birth to age 3. Early ECEAP focuses on the well-being of the whole child by

FOUNDATIONS (CONTINUED)

providing comprehensive education, health, and family support services to Washington’s most vulnerable children. Data from the recent Early ECEAP pilot project indicates very high demand for these services. The state legislature has made new investments in Early ECEAP.

- The federal Head Start program offers a range of services and supports for families and children, ages 3-5. In addition, the Early Head Start program offers services for pregnant women and children ages 0-3. There is also a Migrant and Seasonal worker Head Start Program for children birth to age 5, and a Tribal Head Start program serving American Indian and Alaska Native children birth to age 5 and their families.
- Home Visiting services for expectant parents, new parents, and families with new babies and young children have been expanded. Home visitors work alongside the family to support the parent-child relationship and nurture healthy growth and development.
- Options for families who want child care to be delivered by family, friends and neighbors (FFN) have been strengthened by creating subsidies that support FFN providers. FFN care recognizes the rich generational wisdom, shared culture and language, scheduling flexibility, and cost savings available through child care provided by family, friends, and neighbors.
- Early Achievers, Washington’s quality improvement recognition system, was created to ensure that children and families receive high-quality services, child care providers receive the training and support they need, and families are able to find high-quality child care and early learning programs.
- The Early Support for Infants and Toddlers (ESIT) program provides family-centered, individualized services to children from birth to age 3 years who have disabilities or developmental delays.
- The Early Childhood Intervention and Prevention Services (ECLIPSE) program offers therapeutic programming for families and children, from birth to age 5, who have experienced complex trauma in early childhood.

CHALLENGES

POSITIVE EARLY LEARNING EXPERIENCES

While the foundations of Washington state’s mixed delivery system are strong, much work is needed to create high-quality early learning experiences that are responsive to all families’ strengths, needs, and hopes. Creating child care options for all families requires addressing several central challenges: the affordability of care, access to the type and amount of care needed, supporting those who provide care, and building a more equitable early learning system.

Disparities across race, income, and location persist. Achieving more equitable outcomes for all children and families must be at the heart of our actions. This includes creating a more diverse base of providers to serve an increasingly diverse population, along with the supports and training all providers need to succeed (see the next section: “A Strong and Supported Early Learning Workforce”).

The high cost of child care is unrealistic for many families in Washington state. The annual cost of high-quality full-time care for a single infant in a licensed child care center can be more than the annual cost of in-state tuition at Washington’s public universities.

In addition to the cost of care, many families also face challenges finding the care they need. Access and availability challenges are greatest for families in rural and remote areas, those with language-specific and culturally specific needs, and those with children who have special needs.

Creating early learning options for all families will require other actions as well:

- More high-quality care options for babies and toddlers are needed to address the massive shortage of infant care. These earliest years are the time when a child’s brain is developing at its most rapid rate¹, making positive early learning experiences critically important. This is also an extremely vulnerable group, more vulnerable to health risks and more likely to encounter the child welfare system than any other age group².
- The network of home visiting programs and services must be expanded and adapted to support the different ways cultures and communities care for their youngest children. When families receive home-based support, children are better prepared for school, abuse and neglect are less likely, and parent-child bonds are stronger³.

CHALLENGES (CONTINUED)

- Providers must have the supports and resources they need to nurture a child’s social and emotional well-being, including an understanding of trauma-informed and healing-centered care. Families and providers need greater support managing transitions—which affect a child’s ability to cope with change.
- More support must be offered to parents, caregivers, and providers who love and care for children with developmental disabilities or developmental delays, and those who have experienced trauma. Every child must be, and must feel, fully part of a welcoming environment that celebrates their distinctive strengths.



“ My youngest son was diagnosed with Trisomy 21, most commonly known as Down Syndrome, at birth. He was born at 41 weeks and weighed 8 lbs. 13 oz. A few minutes after I gave birth, my doctor pulled up a chair and held my hand and said, ‘Do you see anything wrong with your son?’ At that point, all my fears and doubts came true and my heart felt as if it broke into several pieces and there was not enough glue in this world to help fix it.

At our one-month well-child check, our provider referred us to Early Intervention services...Our son was enrolled in the Birth to Three program and qualified for water therapy, speech therapy, occupational therapy, physical therapy, and feeding therapy. All these therapies helped with his cognitive, physical, sensory, and motor skills.

I am forever grateful for these therapies. I strongly believe that if it had not been for the amazing early intervention team, our son would not be where he is now. They will always hold a special place in my heart.

—Parent

FAST FACTS

Kindergarten Readiness in Washington State (2019–2020 school year)⁴

Population Group	Readiness
All children	51.5%
Household income <185% Federal Poverty Level	35.4%
Children of color	44.9%
English language learners	35.8%
Migrant households	21.6%
Experiencing housing instability	30.3%
Students with disabilities	22.4%
Children in foster care	29.3%



FAST FACTS (CONTINUED)



As of June 2022, 4,090 providers were participating in **Early Achievers**, serving an estimated 102,762 children from birth to 5 years old. Of these children, 74% were being served by licensed child care centers, 15% by family child care homes, and 11% by ECEAP or Head Start sites.⁵



Although the exact number of children receiving **Family Friend and Neighbor care** is unknown, in 2018, 26,524 children received care from subsidy-eligible FFN providers alone.⁶



In Washington state, the **annual cost of high-quality full-time care** for a single infant in a licensed child care center ranges from \$9,240 to \$16,200, more than the annual cost of in-state tuition at Washington’s public universities.⁷



47% of parents not working but seeking employment consider **lack of child care a barrier** to obtaining employment.⁸



Approximately 118,000 families with young children (birth to age 4) live in areas with an **inadequate supply of child care**, or “child care deserts.”⁹

GOALS

POSITIVE EARLY LEARNING EXPERIENCES

Goal A Affordability and Availability of Services

Positive early learning services and supports (including school age child care) are available and affordable for all children, with an emphasis on creating availability for Black, Indigenous, People of Color, those with special needs, and those located in rural areas.

Goal B Support and Services for Children with Special and Complex Needs

Children with special needs, trauma and other challenges are nurtured and their families receive the support and services they need.

Goal C Access to Community Activities Outside of Child Care that Support a Child's Development

Every community has access to inclusive and culturally responsive resources and activities (e.g., libraries, parks, museums, etc.), delivered in welcoming facilities, in the language of choice, available at no cost to families, eliminating inequities for Black, Indigenous and Communities of Color and communities who have been historically and are currently underserved.

Goal D Seamless Transitions

Transitions for children and families (from prenatal through 3rd grade, across ages and between programs and services) are smooth, welcoming and ensure continuity for children.



STRATEGIES

POSITIVE EARLY LEARNING EXPERIENCES

STRATEGY 1 SUPPORTS GOALS A & B

Make universal **social emotional training and resources** readily and easily accessible for early learning professionals, parents, caregivers, families and community partners with a focus on anti-racism, flexible healing-centered practices, cultural and language relevancy, to meet the needs of diverse communities, for children prenatal through 3rd grade.

STRATEGY 2 SUPPORTS GOAL A

Enhance affordability of early learning services for low-income families and families who struggle to afford child care. Change the state's income eligibility (including child care, ECEAP, home visiting and all other early learning programs) from Federal Poverty Level to Area Median Income, and eliminate the benefit cliff for services by adding multiple tiers of subsidy and co-payment.

STRATEGY 3 SUPPORTS GOALS A, B & C

Identify and replicate **promising programs**, including community designed programs, that are successfully reaching, engaging and supporting the learning and development of Black, Indigenous, Children of Color and their families, including those who are English language learners, and communities who have historically been and are currently underserved.

STRATEGY 4 SUPPORTS GOALS A & B

Expand high-quality preschool options to create an integrated approach to serving 3- and 4-year-olds that ensures increased access and more sustainable, inclusive programming across program types. Programs and services engage families and provide responsive support for underserved communities and children.

STRATEGY 5 SUPPORTS GOALS A, B, C & D

Expand access to home-based services for expectant parents and families with new babies and young children to support the physical, social and emotional health of children, focusing on families at greatest risk, including home visiting, early intervention, newborn visits, etc.

STRATEGY 6 SUPPORTS GOAL A

Ensure cultural practices, norms and home languages are fully integrated in early learning programs, services, supports and practices for children birth through 3rd grade. Examples include incorporating oral storytelling traditions from Native American communities, curricula development, opportunities to learn in home languages, use of promotoras, use of culturally responsive system navigators and facilitated play and learn groups.

STRATEGIES (CONTINUED)

STRATEGY
7

SUPPORTS GOAL D

Create coordinated approaches for **supporting children, parents and families through transitions** from prenatal through 3rd grade, based on children’s well-being, learning and development, creating strong relationships with new providers and teachers. Supports will help to eliminate inequitable outcomes for Black, Indigenous and People of Color.

STRATEGY
8

SUPPORTS GOAL C

Invest in culturally responsive **community activities** that enable parents and care givers access to resources that support children’s development and social interactions and strengthen families (e.g., cultural activities, parks, play and learn groups, libraries, etc.).

STRATEGY
9

SUPPORTS GOAL B

Create inclusive settings and services from birth through 3rd grade in partnership with families that enable children with special and complex needs to learn and grow with children their age.



“ I love that at the end of the day I know I supported the healthy and positive social and emotional growth of a child. And I believe they will pass that forward, into their relationships and communities, which is the best possible outcome for everyone. ”

—Provider

OUTCOME AREA 4

A STRONG AND SUPPORTED EARLY LEARNING WORKFORCE



FOUNDATIONS

A STRONG AND SUPPORTED EARLY LEARNING WORKFORCE

The early learning workforce in Washington state includes: early childhood providers; teachers; family, friend and neighbor providers; home visitors; administrative and instructional leaders; therapists; coaches; mental health professionals; child psychologists; family support specialists; providers who work with children with delays and disabilities; and many more who play such important roles in the lives of children and their families. These highly skilled professionals – and the knowledge, commitment, and compassion they bring to their work – have a profound positive effect on the children they serve. In turn, they have a major impact on the stability of families and the strength of our communities.

A strong and supported early learning workforce is essential for creating and sustaining high-quality early learning services in the variety of settings that exist in our state. Our mixed delivery system makes it easier for families to receive care in locations or ways that best match their needs – such as home visiting; family, friend and neighbor care; family child care; child care centers; social work offices; family support centers; and many others. Each of these settings requires caring, skilled adults to deliver high-quality services to children and families. The workforce fulfills a crucial role in the early learning landscape. Not only do they offer greater convenience and flexibility for children and families, they enrich these experiences by honoring the culture, language, and individual needs of those they serve.

Despite their importance in the early learning system, Washington state’s early learning workforce faced a multitude of financial and health stressors as well as barriers to professional growth (see Challenges). This has resulted in many talented, compassionate people leaving the profession. This cannot be resolved by simply paving over the cracks in the early learning workforce, or by going back to how the workforce was supported pre-pandemic. These challenges existed well before 2020, and have only been amplified by the realities of living through a global pandemic. Instead, the focus must be on addressing the longstanding inequities to rebuild and reimagine how the early learning workforce is supported.

Some of the system’s recent enhancements will support the rebuilding by serving as starting points for a much broader, deeper effort. These include but are not limited to:

- Partnerships and community engagement focused on creating a diverse and professional early learning workforce, recognized for their skills, experience and passion, and reflecting the cultures and languages of the families they serve.

FOUNDATIONS (CONTINUED)

- Partnerships, resources and staffing to better serve rural communities.
- Increased resources and support for child care business owners/providers for their continued recovery, by offering access to health benefits, coaching, mentoring, and business supports to build capacity to deliver high-quality services.
- Recommended policies and actions to improve recruitment and retention of a professional workforce, and compensation that will move toward parity across early learning and K-12 teachers.



CHALLENGES

A STRONG AND SUPPORTED EARLY LEARNING WORKFORCE

A bold and transformational commitment is necessary to realize a vision for a strong and supported early learning workforce.

In a profession that nurtures curiosity, joy, and confidence in children and families, provider well-being is essential. Yet the work early learning professionals do can be highly stressful. The low levels of compensation, the cost and time burden of continuing education requirements, compassion fatigue, and secondary trauma from supporting families and children that have experienced traumatic events are a few of the factors that increase stress in the workforce. As a result, the well-being of the workforce is in jeopardy, leading to unprecedented staff turnover rates and severely understaffed early learning settings. It's imperative to seize this opportunity to change how the workforce is recruited, retained, and supported. While some recovery efforts have begun, several major challenges stand in the way.

- Washington state's early learning workforce does not adequately reflect the rich diversity of the children and families served. Intentional efforts must be made to recruit and retain diverse staff. Until the workforce looks, sounds, and feels like the communities surrounding them, disproportionalities in child outcomes, barriers to inclusivity in classroom environments, and gaps in support for dual-language providers will not be eliminated.
- High-quality and accessible professional development opportunities are critical to recruitment and retention efforts and nurturing the leaders that already exist in early learning settings. But many in the workforce face barriers – such as language, technology, and location – that severely impact the accessibility of these opportunities. Additionally, a wider range of training and development opportunities are necessary, such as trainings that strengthen cross-cultural competence, support providers in serving children with special needs, and practice trauma-informed care.
- These professional development opportunities need to be accessible to the wide range of professionals in the workforce and offered in ways that minimize the cost and time burden of participation. Beyond that, individualized support through relationship-based coaching and mentoring is necessary to ensure the workforce is able to effectively meet the needs of the individual children, families, and communities they serve.

CHALLENGES (CONTINUED)

- A significant number of professionals in the early learning workforce are paid minimum wage. They receive compensation that fails to account for their education and experience in the field, continuing education and certification, or language and cultural competencies. Wages are not competitive with their peers in the K-12 school system.
- The high cost of operating a quality child care business often far exceeds what families are able to pay¹. Parents and providers report this deficit is even more pronounced in rural areas and for providers serving infants or children with special needs. Providers consistently are unable to pay their staff wages that reflect the cost of living, especially in urban areas. Child care businesses already function on thin financial margins, and the evolving requirements only add to the pressure of maintaining financial stability. These challenges are even greater for providers that face additional barriers, such as language or cultural differences.



“ I’ll never forget my child’s experience with the most amazing child care provider I’ve ever met. The provider, a non-binary superstar, was newer to the field, but clearly had the heart and personality of a great teacher. They immediately made my neurodivergent child (then 2) feel safe, loved, and seen. In the rare instance issues came up, I was able to have productive conversations with them and see changes take place. I was able to leave my child at “school” each day knowing she would have a great time and be well cared for, which made me a better employee at work.

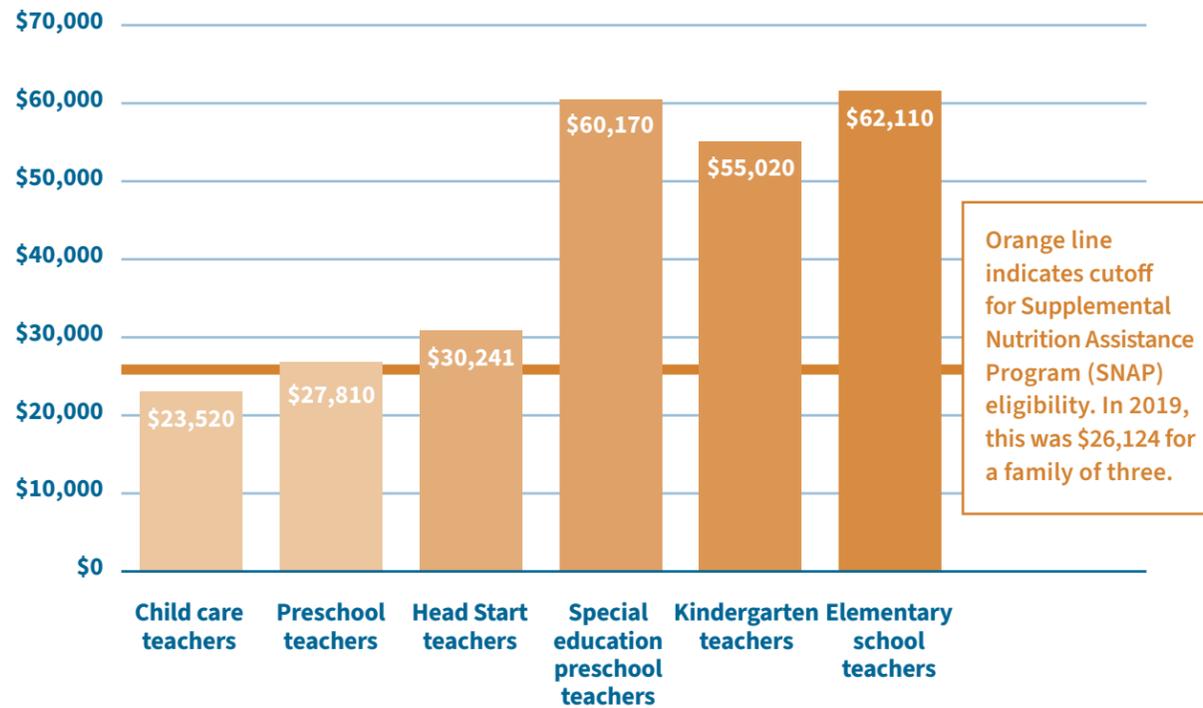
When the COVID pandemic hit we were fortunate enough to employ this same teacher as our nanny for a year while we quarantined. They are definitely the reason we came out of the pandemic okay. My child (now 5) was excited to see them each day and learned more than I could even imagine. At our recent Kindergarten meet and greet the teachers commented on how “advanced” my child is for her age, and it’s all thanks to that one teacher who took the time to know my child, design activities that supported her growth, and allow her to shine as her truest self.

—Parent



FAST FACTS

Median Annual Workforce Earnings for Early Childhood Professionals In Washington State (2018).²



“ We would all love to compensate staff what we believe they are worth. We are balancing that with keeping rising costs to families reasonable in their struggle to make budget. Unfortunately, both groups are struggling – parents and staff. ”

—Provider

FAST FACTS (CONTINUED)

36,000 

Approximately 36,000 **child care educators** were in the workforce in 2020.³

44% 

The combination of the pandemic and low rates of compensation have resulted in a significant **reduction in the early learning workforce** statewide. Approximately 44% of the state’s child care early educators have been laid off or furloughed during the COVID pandemic.⁴

38% & 25% 

In 2021, a survey of child care providers found that 38% of licensed child care centers had **unfilled lead teacher positions**, and 25% of licensed family homes reported **unfilled staff assistant positions**.⁵

36% 

Approximately 36% of the **early learning workforce are people of color**, whereas almost half of the state’s population of children under 5 are children of color.⁶




A comparison of **K–12 students and teachers** reveals a predominantly white teaching workforce and increasingly diverse students.⁷



A Bachelor of Arts in early childhood education was found to have among the **lowest projected lifetime earnings** of 80 college majors considered.⁸

GOALS

A STRONG AND SUPPORTED EARLY LEARNING WORKFORCE

Goal A Diverse Workforce

Our early childhood workforce is robust, skilled, diverse, anti-racist and culturally responsive, with multiple pathways available to support continuing education, recruit and retain a diverse and highly capable early childhood workforce.

Goal B Training and Supports for Workforce

Resources are available to enable the workforce in settings-based, home-based and community services and supports to feel comfortable, confident and culturally responsive in supporting children in their care, including children that have experienced trauma, children with special needs and families who need healing-centered support.

Goal C Enhance Compensation

People in the early childhood workforce are well compensated with both financial and non-financial resources.



STRATEGIES

A STRONG AND SUPPORTED EARLY LEARNING WORKFORCE

STRATEGY 1

SUPPORTS GOAL B

Expand access to a centralized, culturally responsive, anti-bias, anti-racist **foundational training portal** for all providers. The trainings should be designed based on research and experience providing high quality child care, and an understanding about the ways in which systems and institutions have perpetuated inequities for Black, Indigenous and People of Color.

STRATEGY 2

SUPPORTS GOAL B

Provide **healing-centered training and anti-bias and anti-racist education**, including the effect of historical trauma on Black, Indigenous and People of Color, to Early Learning workforce across early learning settings, including kindergarten through 3rd grade educators.

STRATEGY 3

SUPPORTS GOAL A

Radically **transform pathways into the profession** and to career advancement to diversify the workforce, with a focus on Black, Indigenous and People of Color, including gender diversity. The pathways will value experience and demonstrated ability, along with credit-based education and training.

STRATEGY 4

SUPPORTS GOALS A & B

Increase the number of **diverse early learning** leaders from Black, Indigenous and People of Color communities. Approaches can include mentorship opportunities, access to community-based coaches, etc.

STRATEGY 5

SUPPORTS GOAL C

Enhance compensation to ensure that all professionals in the early learning workforce are earning equitable wages (including benefits).

STRATEGY 6

SUPPORTS GOAL C

Enhance retention of a strong workforce, including professional development opportunities to learn from one another based on community needs.

STRATEGY 7

SUPPORTS GOAL B

Expand **access to shared services** (i.e., health and mental health consultations, healing-centered approaches and support for financial and administrative capacity building) in languages and methods that work for all, so that every provider can be successful, including in rural communities.

STRATEGY 8

SUPPORTS GOAL B

Provide **child care health consultation** to early learning professionals that matches culturally and linguistically with families and communities.

STRATEGY 9

SUPPORTS GOAL C

Build public awareness that results in advocacy for budget and policy actions that address the need to increase compensation to enhance the stability of the early learning workforce.

“ We thank the preschool staff and the management for providing humanitarian service and education for my child. We are an Iraqi family, and we got to America just eight months ago. We speak Arabic and did not know the English language. Now we are all in school. My wife and I are studying English as a Second Language in community college. We have twin daughters in kindergarten. My son is in preschool, which caused a major change in his personality, ideas and social balance. Thanks to this program, he learned his numbers and letters. He writes his name, knows colors, and speaks English. I now consider this the greatest achievement of my son and a great achievement of the educational staff, which played a major role in record time too. ”

—Parent



“ Even with good intentions, we create systems that are actually most available to the ones with the least amount of struggle. That is an across the system problem, and we are a part of that system, and a part of that problem. ”

—Physician

OUTCOME AREA 5

HEALTHY
CHILDREN
AND FAMILIES



FOUNDATIONS

HEALTHY CHILDREN AND FAMILIES

Early childhood is the time to build strong foundations for lifelong health – to make sure that families have what they need for their children to start their life trajectory healthy in every way. Washington state has invested steadily in high-quality programs and services to support the health of families and children, including the introduction of Apple Health (health insurance for low-income families). As a result, child health (as measured by factors such as infant mortality, low birth weight, prevalence of tooth decay, and need for special health services) has improved steadily for many, though not all, families.

Access to a medical home and regular well-child visits are critical. But that’s only one piece of what it takes for children to be healthy. Other important factors include the following:

- What children experience when they come into the world, and the environments they and their families must navigate, have a lifelong impact on their health. Researchers refer to these family environments as “social determinants of health.” This refers to a family’s economic stability, opportunities for quality education, access to health care, community connections and support, and vital neighborhoods and physical surroundings. When children and families have these conditions in their lives, they thrive.
- Much has been learned about the effects of trauma on childhood development, including the powerful influence of trauma on lifelong health and well-being. The impacts of trauma and stress are front and center in the early learning system right now, because of the ways the pandemic has affected the experiences of children, families and providers. Many have experienced significant loss, instability and isolation. In response, resources and programs to support children and their caregivers have been mobilized across the state. The pandemic has highlighted just how critical it is for our systems to be responsive to both the acute and long-term needs of families and providers in supporting healthy development of children.
- Strong partnerships are needed to support the health of children and families, from prenatal development through adulthood. Collaboration has resulted in health and developmental supports being included in many early learning settings. Strong collaborative relationships also exist between Tribal Nations, the Washington State Health Care Authority, the Washington State Department of Health, the Washington State Department of Children, Youth, and Families, the Washington Chapter of the American Academy of Pediatrics, local health jurisdictions, hospitals, pediatricians, and others in the broader health community. These relationships will continue to be critical in addressing current and emergent needs so that children and families can build strong foundations for health and well-being.

CHALLENGES

HEALTHY CHILDREN AND FAMILIES

Improving health outcomes for children and families must focus on and respond to the “whole person.” Medical staff, family members, early learning providers and others must center care on the physical, behavioral, emotional, and social well-being of a child or family. It requires teamwork among those who work with children and families to achieve healthy outcomes. Providing whole-person care also requires:

- Focusing on health outcomes before, during and after pregnancy. That’s the first step toward a healthy childhood and supporting healthy parents.
- Ensuring that all families have community supports and access to a full range of health care, including mental health, oral health, and general physical health, when and where they need it. Many communities have a shortage of these services.
- Expanding partnerships with health care providers and communities to determine what additional health care supports are needed and how to include those supports in the early learning system.
- Meeting the full range of family needs that contribute to lifelong health – economic stability, access to high quality education, access to health care, neighborhood bonds and community connections.

The benefits of good health aren’t experienced equally by all infants, young children, and families in our state. Glaring and longstanding disparities in child and family health outcomes need to be eliminated. For example, although Washington state has one of the lowest overall infant mortality rates in the nation, the mortality rates among infants who are Black/African-American or American Indian/Alaska Native are dramatically higher than the rate among infants who are white. Low birth weight among Black/African American infants occurs at almost twice our state’s overall rate. Additionally, children with a developmental delay, disability, and/or special health care needs are less likely to receive the support they need for success, and their parents, caregivers, and teachers are much less likely to receive adequate resources.

Actions taken to create healthy outcomes for children and families must also respond to new levels of stress and trauma caused by the pandemic. Supports and services available to children, their adult caregivers, and early learning providers must be trauma-informed, healing-centered, and tailored to the specific needs and strengths within communities. More than ever, the supports children, families and providers need for optimal health and development can make a difference now and for years to come.



“ One 3-year-old boy had been referred by his pediatrician for mental health services. He was aggressive at home and in the community. He arrived at school anxious and angry. He hit his mom, his brother and the teacher. For several months he did not participate in preschool activities. He did not pick up a toy, marker or food, nor talk or interact with anything or anyone... The mental health consultant connected the family to a therapist who spoke their language. The family received weekly therapy and in-home support... In late winter, he began to eat in class, play with toys and participate in art projects. He started speaking to another child in his native language and was observed delighting in the interactions of others in the class. ”

—Agency leader

FAST FACTS

Experience With or Exposure To Risk Factors for Trauma Among Washington State’s Children

Risk factor	Population affected
Child welfare involvement ¹	47,341 children birth through 8 years (2019)
Out-of-home/foster care placement ²	2,836 children birth through 8 years (2019)
Experience of Homelessness ³	38,000 children birth through 6 years (2018-2019)
Poverty (household income <100% federal poverty level) ⁴	137,355 children birth through 8 years (2017)
Diagnosis of special health care needs ⁵	65,615 children birth through 5 years (2016-2017)
Parent incarceration ⁶	4,109 children birth through 5 years (2020)



FAST FACTS (CONTINUED)



Washington has one of the lowest **infant mortality rates** in the nation, estimated at approximately 4.5 infant deaths per 1,000 live births overall. However, infant mortality rates among Black/African American and American Indian/Alaska Native children are 8.5 and 7.8 per 1,000 live births, respectively, vs. 4.09 per 1,000 live births among white children.⁷



Rates of **low birth weight** in Washington state are consistently lower than the national average, at around 5% (compared to just over 8% nationally). However, Black/African American children experience low birth weight at almost twice the rate of all children across Washington state (9.1% vs. 5.1%).⁸



Maternal diabetes and hypertension, both of which increase the risk of birth defects, stillbirth, and preterm birth, have increased in Washington over the past decade: from 9.5% to 10% and from 8% to 8.9%, respectively.⁹



Access to mental and behavioral health care and trauma-informed care is an important gap with a powerful impact on Washington’s children and families:

- In 2016, the National Survey of Children’s Health reported that approximately 19% of children in Washington state had experienced one or more **adverse childhood experiences** (ACEs, key risk factors for trauma), and nearly 15% had experienced two or more ACEs.¹⁰
- Similarly, children with developmental delays or disabilities face a disproportionate **risk of suspension and expulsion**. A staggering 75% of preschool expulsions are of children who are receiving special education services.¹¹

GOALS

HEALTHY CHILDREN AND FAMILIES

Goal A Access to Comprehensive Health Supports

All communities have access to resources to support their family’s health, including their children’s optimal health and development, and ensure that longstanding inequities in health outcomes for Black, Indigenous and People of Color are eliminated.

Goal B Continuity of Services

Create and maintain racially equitable, integrated and coordinated health services that provide continuous promotion and prevention supports (no systemic gaps).



STRATEGIES

HEALTHY CHILDREN AND FAMILIES

STRATEGY 1

SUPPORTS GOAL A

Develop capacity in people and organizations, including building system- wide awareness, to deliver programs and services based on an understanding of how **historical and generational trauma** caused by historic oppression of Black, Indigenous and People of Color impacts health for these communities.

STRATEGY 2

SUPPORTS GOAL A

Build system-wide awareness of the **unique fears/barriers facing immigrants** (i.e., legal status, access to social and health services, etc.) that negatively impact their access to health services, and develop system responsiveness to these needs.

STRATEGY 3

SUPPORTS GOAL B

Ensure a system that provides “**whole-person and whole-family care**” (i.e., care that is centered on an individual while considering the needs and circumstances of the family) by eliminating fragmentation and integrating services for medical, dental, mental health and substance use disorders. Improve access to those services (addressing issues regarding transportation, lack of services in rural communities, language barriers, etc.) and enable families to seek those services in one location (i.e., health care hubs).

STRATEGY 4

SUPPORTS GOAL B

Identify gaps in **continuity of services and eligibility**, the causes of these gaps, and develop creative and flexible system redesigns.

STRATEGY 5

SUPPORTS GOALS A & B

Enhance **healthy babies support and prenatal care** to eliminate disparities in infant and maternal mortality rates. Dedicate targeted resources for wellness and prevention of abuse and neglect.

STRATEGY 6

SUPPORTS GOAL A

Eliminate disparities in expulsions for Black, Indigenous and Children of Color in early learning settings (including kindergarten through 3rd grade) with mental health and behavioral supports and resources.

STRATEGY 7

SUPPORTS GOAL B

Increase funding for and capacity to provide **additional mental health supports** for infants, children, families, schools and community providers.

IN CONCLUSION

The Early Learning Coordination Plan is the product of thousands of voices, hundreds of hours, our combined passion, and our hopes for the state of Washington. Now it's time to come together to carry the work of the plan forward. This includes recognizing work that is already underway, identifying where work needs to begin, and amplifying the voices of those who have been marginalized by the system. It will require us to join forces as we bring our individual strengths to make Washington state a place where each child starts life with a solid foundation for success. As Mike Browne said in the Call to Action on page 6:

"There is no success without your voice. No effective plan without your ideas."

This work will not be easy, but it is necessary. Historical systems continue to marginalize, exclude, or impose cultural norms on communities within our state. If we want different results, we can't keep doing the same thing. Fundamentally, this plan is a call to change norms, policies, practices, and institutions that are the basis of a system that perpetuates inequities. Accomplishing this change will require taking risks, creating new relationships, and letting go of old practices.

One of the greatest strengths of the early learning system in Washington is that organizations, programs, and supports are as diverse as the families and communities they serve. Strengthening coordination among the agencies and organizations that plan and provide services is essential across all parts of the system. This includes the many services that support children and families (both public and private), among individual programs, and across different child and family-serving sectors. We must reimagine a system in which those who have been most marginalized not only have a seat at the table where decisions are made, but that the table is made with their needs, strengths, and voices in mind.

We hope that this plan will serve as a compass for everyone committed to this work or impacted by the early learning system in Washington – a guiding vision to keep us moving in the same direction. Together we can forge a new path that dismantles historical bias and prejudice in systems and institutions that have actively oppressed Black, Indigenous, People of Color, and other marginalized people in our state. In this way we can achieve the vision of this plan – that *Washington state is a place where each child starts life with a solid foundation for success based on strong families, culturally relevant early learning practices, services, and supports that lead to racial equity and the well-being of all children and families.*



“ I am a Desert Storm Army Veteran and GrandParent with a capital P because I have been raising my two grandchildren, ages 5-1/2 and 4-1/2, since the youngest was a day old. Their parents' drug addiction turned my life upside down. I noticed something was just not right, and my grandkids were not developing along with their peers. I knew they needed help and I had to find resources to assist them. I started researching, sought out and found a local agency.

I walked into their office alone, with many questions and little sleep. I walked out two hours later, with a pep in my step, fully alert, and having a motivated early intervention team at my shoulders. Within 45 days, I had my first home visit and therapy referrals, and our home schedule and appointments just blew up from there. The support services we received and the compassionate and knowledgeable professionals behind them have just been truly amazing, uplifting, and tremendously beneficial. It has set my kids and their peers on the path to success!

My grandkids are now attending a combination of kindergarten, Head Start, and preschool, leading very busy, productive, and educational lives. I could have been the parent who did not see, or the parent who saw, and did not do. But I am the parent that knew something had to be done and did!

I am now one of the many advocates to be there for those who need guidance, help, and in some cases, a gentle nudge in the right direction. Just as it was my honor to have served our country, it is just as important that I serve and protect the littlest voice! Thank you for your time and attention in allowing me to share my story.

—GrandParent and guardian

GLOSSARY AND IMPORTANT TERMS

Braided Funds: Utilizing two or more funding streams (federal, state, and private) in coordination to support the total costs of a program and for the development of funding strategies.

Child Care Health Consultation: A service that provides guidance and technical assistance in order to develop and improve health and safety practices in early learning settings. Licensed health professionals with a background in pediatrics are trained to work with child care centers, family child care homes, preschools, and Head Start classrooms. (Reference: <https://cchp.ucsf.edu/sites/g/files/tkssra181/f/Jan-Feb10.pdf>)

Co-Design: A participatory approach to identifying needs and designing solutions, in which parents and caregivers, community members, providers, Tribal Nations, government staff and others who are part of the early learning system are treated as equal collaborators in the design process.

Community: The various individuals, groups, neighborhoods, municipalities, businesses, and institutions that are invested in the welfare and vitality of children and their families. (Adapted from <https://www.edglossary.org/school-community>)

Community Informed Practices: Early learning practices created by community members based on their lived experience and cultural knowledge.

Compassion Fatigue: The physical, mental and emotional exhaustion caused by excessive or prolonged stress. It can result in emotional withdrawal experienced over an extended period of time by those in the helping professions. It can lead to apathy or indifference toward the suffering of others. (Adapted from: <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/burnout>)

Complex Equity Challenges: Issues that are present when the solution to the problem is not known and can only be seen or known during or after the action unfolds. (Reference: National Equity Project)

Complex Needs: Two or more needs affecting the physical, mental or social well-being of an individual.

Coordinated Accountability Structure: An organizational framework that describes the different groups within a partnership or collaboration and includes the roles and

GLOSSARY AND IMPORTANT TERMS (CONTINUED)

responsibilities of each group, describing the processes, people, and supports necessary to work effectively. (Adapted from: https://www.strivetogether.org/wp-content/uploads/2017/03/AccountabilityStructureToolkit_Final_2015_1.pdf)

Culturally Responsive (Culturally Relevant): When knowledge about individuals and groups of people is incorporated into standards, policies, and practices. Cultural responsiveness fosters an appreciation of families and their unique backgrounds and has been shown to increase the quality and effectiveness of services to children.

Digital Divide: The gap in access to technology between regions and based on demographic factors such as income, race and age.

Disaggregated Data: Data that have been broken down by detailed sub-categories, for example by marginalized group, gender, race, region or level of education. (Reference: <https://www.right-to-education.org/monitoring/content/glossary-disaggregated-data>)

Equity: The notion that each and every person will receive the necessary resources they need individually to thrive, regardless of national origin, race, gender, sexual orientation, first language, differently abled or other distinguishing characteristics.

Equitable Outcomes: Children and families from all racial and demographic groups experience similar outcomes, such as health status or school readiness.

Family-Centered Care: An approach to providing services that assures the health and well-being of children and their families through a respectful partnership between a family and those providing services. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. (Adapted from: https://wihd.org/wp-content/uploads/2015/02/Definition_Family_CentCare.pdf)

Family, Friend and Neighbor (FFN) Care: Grandparents, aunts and uncles, elders, older siblings, friends, neighbors, and others who help families by providing child care. Both in Washington and around the nation, FFN care is the most common type of child care for infants and toddlers and for school-age children before and after school. (Reference: <https://www.dcyf.wa.gov/services/earlylearning-childcare/ffn>)

Federal Poverty Level (FPL): A measurement of the minimum amount of income earned by a household annually in order for individuals or households to pay for essentials taking in

GLOSSARY AND IMPORTANT TERMS (CONTINUED)

account the number of people in the household, their income, and the state where they live. Individuals and households below this level are eligible to receive certain benefits and services.

Furthest from Opportunity: Defining groups who are the farthest from having their needs met in a particular situation and centering the work and solutions on ensuring opportunities for them. These groups are usually defined by race (people of color), low socioeconomic status, people who identify as LGBTQIA+, people who live in rural areas, people experiencing homelessness, people who are disabled, people who experience mental health issues, people who speak languages other than English, people who are refugees, or immigrants. (Adapted from: <https://fakequity.com/2019/08/30/farthest-from-justice>)

Goal: Articulates what is hoped to be true for children, families and early learning workforce. Goals do not describe how to get there – that’s what the strategies do. They point to where there’s broad agreement that a problem exists and that it warrants a policy, funding or program response.

Healing-Centered Care: A holistic, asset-based and culturally-rooted approach to care that involves spirituality, civic action, and collective healing.

High Quality Early Learning Practices: The characteristics of early learning and development programs and services that research and experience has demonstrated are associated with positive child outcomes.

Historical Trauma: The accumulative emotional and psychological pain over an individual’s lifespan and across generations as the result of massive group trauma. Historical trauma is experienced across generations by a specific cultural, ethnic, or racial group. Examples include slavery, the Holocaust, forced migration, and the violent colonization of Native Americans. (Reference: <https://geriatrics.stanford.edu/ethnomed/ashing/introduction/history.html>)

Inclusive Settings and Services: Providing child care in ways and locations that ensures all children and their families, regardless of ability, can participate in a broad range of activities and are supported to engage as full members of their program, school, communities, and society. (Reference: <https://www.dcyf.wa.gov/services/early-learning-providers/eceap/inclusion>)

Individual Racism: Explicit and implicit biases based on identity and difference that perpetuate oppression. This creates advantage and disadvantage for a person from

GLOSSARY AND IMPORTANT TERMS (CONTINUED)

stereotypes, and internalized oppression as a result of another person’s beliefs and actions. (Adapted from: www.nationalequityproject.org/frameworks/lens-of-systemic-oppression)

Institutional Racism (also Systemic Racism): Intentional or unintentional racial bias embedded in programs, laws, policies, practices, and organizational culture that work to benefit white people and disadvantage people of color and create unequal outcomes based on race. It is based on dimensions of our history and culture that have allowed privileges associated with whiteness and disadvantages associated with color to endure and adapt over time. (Adapted from: www.nationalequityproject.org/frameworks/lens-of-systemic-oppression)

Interpersonal Racism: Oppression that occurs through interactions between people within and across difference. Microaggressions, racist interactions, and transferred oppression are some phenomena that play out at this level. (Adapted from: www.nationalequityproject.org/frameworks/lens-of-systemic-oppression)

Liberatory Design: An approach to address equity challenges and change efforts in complex systems by creating structures that help interrupt inequity, increase opportunity for those most impacted by oppression and transform power by shifting the relationships between those who hold power to make decisions and those impacted by those decisions. (Adapted from: <http://www.nationalequityproject.org/frameworks/liberatory-design>)

Medical Home: Primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. It has become a widely accepted model for how primary care should be organized and delivered throughout the health care system, and is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are, from the simplest to the most complex conditions. (Reference: <https://www.pcpcc.org/about/medical-home>)

Mixed Delivery System: A system of early care and education in which multiple types of high-quality services and programs are accessible and provided in many different types of locations.

Promising Programs: Programs that include measurable results and report successful outcomes. However, there is not yet enough research evidence to prove that this program will be effective across a wide range of settings and people. (Adapted from: <https://mnp-sp.org/evidence>)

GLOSSARY AND IMPORTANT TERMS (CONTINUED)

Providers: An organization or individual that provides early care and education services.

Racial Equity: The condition that would be achieved if racial identity no longer predicted outcomes. Racial equity is one part of racial justice, and suggests that work to address root causes of inequities, not just their impacts, is needed. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce different outcomes by race or that fail to eliminate them. (Adapted from: <https://www.racialequitytools.org/glossary>)

Racial Equity Theory of Change (RETOC): Developed in 2013 in coordination with and with help from early learning stakeholders to be responsive to the perspectives and experiences of children, families, and communities of color. The Department of Children, Youth and Families (DCYF) has used the RETOC as a theory of change for eliminating race as a predictor of progress and success for children.

Secondary Trauma: Occurs when a professional experiences high stress or symptoms of trauma that mimic posttraumatic stress disorder symptoms when working with people who have experienced trauma. (Reference: <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/burnout>)

Special Needs: This is an umbrella term for a wide array of diagnoses, from those that resolve quickly to those that will be a challenge for life and those that are relatively mild to those that are profound. Children with special needs may have developmental delays, medical conditions, psychiatric conditions, and/or congenital conditions. These special needs require accommodations so children can thrive. (Adapted from: <https://www.verywellfamily.com/what-are-special-needs-3106002>)

Strategy: An approach to achieving one or more goals. Strategies can be universal (focused on meeting the needs of all families or children), targeted (focused on a specific group or community) or learning (aimed at better understanding how to address challenges).

Strengths-Based Framework: An approach to early childhood education that focuses on identifying what works for the child and the family instead of focusing on what is “wrong” or their supposed deficits. (Adapted from: <https://cdn.ncte.org/nctefiles/strengthsbased.pdf>)

Structural Racism: Macro-relationships between institutions that perpetuate or even exacerbate unequal outcomes. This results in a societal history of oppressive practices and

GLOSSARY AND IMPORTANT TERMS (CONTINUED)

policies, opportunity structures, and systems of advantage and disadvantage based on race. (Adapted from: www.nationalequityproject.org/frameworks/lens-of-systemic-oppression)

System: The interconnecting network of policies, programs and practices that support young children and families.

Targeted Universalism: Setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. (Adapted from: <https://belonging.berkeley.edu/targeted-universalism>)

Two-Generational Approach: A method of designing programs and services that recognizes the interconnected and interdependent nature of families rather than exclusively focusing on either the child’s development or adult’s needs. The aim of this approach is to integrate services and supports to move the whole family forward, benefiting both the child and the adult(s) in their lives.

Underserved Communities: Groups that face economic, cultural, and/or linguistic barriers to accessing services, receive fewer services and supports, lack familiarity with how to access services, or live in locations where providers are not readily available. (Adapted from: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/006_Serving_Vulnerable_and_Underserved_Populations.pdf)

Values: The fundamental beliefs to be used throughout the development and implementation of the Early Learning Coordination Plan.

Vision: What Washington wants to be true for young children ages birth to eight. This is an aspirational statement and not a description of current conditions.

Whole-Child (or Whole-Person): A whole-child approach prioritizes the full scope of a child’s developmental needs (social-emotional, physical health and development, cognitive skills) as a way to advance educational equity and ensure that every child reaches their fullest potential. (Adapted from: <https://teachingstrategies.com/whole-child>)

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APPENDIX

CO-CREATION PROCESS DETAILS

Milestones in the Statewide Needs Assessment

- 1 Steering committee establishes the vision, values, and principles that will guide the work and defines five outcome areas to frame both the needs assessment and the Coordination Plan's goals and strategies.
- 2 The Department of Children, Youth and Families (DCYF) met with about thirty-five early learning groups, associations, and organizations, including the Indian Policy Early Learning Committee, the Early Learning Advisory Council, the Association of Rural Superintendents of Schools, the Washington State Fatherhood Network, and numerous others. Attendees responded to questions about the current early learning system strengths, gaps and needs. Approximately 530 people participated.
- 3 Washington Communities for Children (WCFC) supports collaboration on early learning issues in all areas of the state. Nine out of 10 regions conducted outreach meetings with groups that included parents, caregivers, early learning professionals, and others who work with children. The groups were asked what services they access, what would make it easier to support the development and health of their children, and their hopes and dreams for the early learning system. Thirteen of the meetings focused on the experiences of Hispanic community members. Over 100 meetings were conducted, engaging nearly 1,000 participants. This stage also included review of existing analyses of King County's early learning system, including several surveys and reports focused on communities of color, particularly African American and Native American communities.
- 4 An online survey (open to the public) was posted on the DCYF website asking similar questions to those posed in the community meetings. Over 700 individuals responded to the survey (with responses provided by Spanish-writing respondents translated by DCYF). A separate survey was designed and administered by the Indian Policy Early Learning Committee to solicit input from Tribal community members.
- 5 Information from Steps 2-4 was compiled into a Statewide Needs Assessment (SNA). This gathers, for the first time, a comprehensive collection of statewide data regarding Washington's children and families and the state's early learning system. The SNA provides qualitative (story-based) data shared by community members and quantitative (numerical) data gathered from state and community sources. The SNA organizes the data under the five outcome areas defined by the steering committee.

APPENDIX (CONTINUED)

Milestones in the Development of Goals and Strategies

- 6 Diverse members of the state’s early learning field used the Liberatory Design process to create a set of draft goals and strategies for each outcome area. Over 120 participants were convened for two workshops (of two days each). Participants represented a rich cross-section of groups dedicated to children prenatal to age 8 and the adults that care for them. Centered on racial equity and diverse experiences, these groups consisted of families, people who work directly with young children and their families, and those who work at organizations and agencies charged with supporting children and their families. They used the WA State Racial Equity Theory of Change (RETOC) to examine issues of diversity, racial equity, and inclusion for families. They explored and used the information from the SNA, and as part of design work groups, developed draft goals and strategies for each Outcome Area using Targeted Universalism, which identifies what is needed for all while also creating specific strategies for some.
- 7 The work of Step 6 was used to draft a document to be shared through broad community engagement—specifically to solicit reactions to the draft goals and strategies generated by the design work groups.
- 8 Due to the COVID pandemic, the robust in-person conversations from the SNA outreach could not be replicated. Instead, six videos were recorded by community members in three languages explaining the process and the importance of collecting feedback to ensure the issues identified in the goals and strategies reflected their daily lives. An online survey (open to the public) was posted on the DCYF website to collect feedback on the revised goals and strategies. Those responses informed the next round of revisions. The final draft of the goals and strategies was reviewed with the steering committee.

Milestones in the Creation of the Coordination Plan

- 9 Led by the steering committee, information from previous stages was used to create this Coordination Plan, intended to serve as a shared roadmap and equity based tool for funding, policy, and programming decisions in Washington state’s early learning system.
- 10 A sub-group of the steering committee met to recommend strategies for distribution of the Coordination Plan, including development of a web site where those interested in this work could find resources and share information.
- 11 At the end of 2021, the steering committee reconvened to recommend the Coordination Plan’s implementation steps, including structures for distributed leadership and accountability.

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